

CONFIDENTIAL JOB RETENTION INCOME SURVEY

NORTH DAKOTA DIVISION OF COMMUNITY SERVICES

SFN 52666 (11/04)

This information is being requested because _____ (Name of Company) has received a government-assisted loan. Your answers will be treated confidentially, and will not affect a hiring decision.		
Name	Address	County
1. Check here if your family's total annual income from all sources is less than:		
<input type="checkbox"/> Single <input type="checkbox"/> Family of 2 <input type="checkbox"/> Family of 3 <input type="checkbox"/> Family of 4 <input type="checkbox"/> Family of 5 <input type="checkbox"/> Family of 6 <input type="checkbox"/> Family of 7 <input type="checkbox"/> Family of 8+		\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Use data from Section IV of Program Distribution Statement for your county. Specific County Job Retention Income Survey forms are available through the DCS upon request.		
Check here <input type="checkbox"/> if your income was <u>more</u> than shown in the appropriate category.		
2. Please indicate the average number of hours per week you are employed. <input type="checkbox"/> 20 hours/week or less <input type="checkbox"/> 21-31 hours/week <input type="checkbox"/> 32 hours/week or more		
3. Please indicate your racial group: <input type="checkbox"/> White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other Multi-Racial (specify) _____		
4. Head of Household (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Are you handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information provided above is a true representation of my current family income and size at the present time and I understand that this information may be subject to verification. _____ Signature of Employee		
_____ Date		
TO BE COMPLETED BY EMPLOYER		
Job Title of Employee (listed above):		
Does this position require any skills beyond a high school degree? If yes, please specify requirements needed for this position:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business providing any special training for this position? If yes, describe training project:		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature of Employer		_____ Date